FORM D

66649

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

MINES MANAGEMENT	<u> </u>					
Filing Under (Check box(es) that	• • • /	□Rule	505	■Rule 506	□Section 4(6)	QULOE
Type of Filing: ■New Filing	□Amendment					
Park Commencer (Commencer)		SIC IDENT	IFICAT	ION DATA		
1. Enter the information requested	d about the issuer				/C*) REC	CEIVED (CO)
Name of Issuer ( check is the Mines Management, Inc.	is is an amendment and na	me has chang	ged, and ir	ndicate change.)	JUN I	1 2002
Address of Executive Offices 905 W. Riverside, Ste. 311	(Number and Street, Ci Spokane, Washington	•	Code)	•	hone Number (includ	ing Area Code)
Address of Principal Business Op-	eration (Number and Street	, City, State.	Zip Code	,	phone Number Opcla	195 Asser Code)
Same as above				Sam	e as above	
Brief Description of Business Mineral Exploration		,				<u> </u>
Type of Business Organization						
■corporation	□limited partnership, a	□limited partnership, already formed			□other (please specify):	PROCESSEE
□business trust	□limited partnership, t	o be formed				
		Month	Year			JUN 2 6 2002
Actual or Estimated Date of Incorporation or Organization: 02 1947			■ Act	ual DEstimated	,	
Jurisdiction of Incorporation or O	_				State: <b>ID</b>	THOMSON FINANCIAL
	[CN for Cana	da; FN for o	ther foreig	gn jurisdiction]		

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

the state of the second st	A. BASIC IDEN	TIFICATION DATA	10	
2. Enter the information requested for the				Mileter Comment of the Property of Comment
	issuer, if the issuer has been or	ganized within the past five	vears:	
	r having the power to vote or d			6 or more of a class of equity
securities of the issuer		•	•	
· Each executive office	r and director of corporate issu	ers and of corporate general	and managing part	tners of partnership issuers;
and	•	, ,	<i>5.</i>	
· Each general and man	aging partner of partnership is	suers.		
Check box(es) that Apply:   Promoter	■Beneficial Owner	■Executive Officer	■Director	□General and/or
11.7				Managing Partner
Full Name (Last name first, if individual	)	<del></del>		
Green, William R.	•			
Business or Residence Address (Number	and Street City State Zin Co	nde)		
	WA 99204	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u>_</u>	□Beneficial Owner	■Executive Officer	□Director	□General and/or
Check box(es) that Apply: □Promoter	Libeneficial Owner	Executive Officer	Director	
C 11 N (I				Managing Partner
Full Name (Last name first, if individual)	)			
Broili, Chris				
Business or Residence Address (Number		ode)		
905 West Riverside, Suite 311, Spokan	e, WA 99201	·		
Check box(es) that Apply: Promoter	☐Beneficial Owner	■Executive Officer	□Director	□General and/or
				Managing Partner
Full Name (Last name first, if individual)	)		······	
Broili, Christopher J.				
Business or Residence Address (Number	and Street City State Zin Co	nde)		
· · · · · · · · · · · · · · · · · · ·	WA 99223	oue)		
<del></del>			-D:	
Check box(es) that Apply: □Promoter	☐Beneficial Owner	■Executive Officer	■Director	☐General and/or
				Managing Partner
Full Name (Last name first, if individual)	)			
Franklin, Roy G.				
Business or Residence Address (Number		ode)		
3202 South Johnson Place, Kennewick	, WA 99337			
Check box(es) that Apply: □Promoter	☐Beneficial Owner	□Executive Officer	Director	☐General and/or
				Managing Partner
Full Name (Last name first, if individual)	)			
Gustavel, Jack W.				
Business or Residence Address (Number	and Street, City, State, Zip Co	nde)		
4108 Shoreline Drive, Post Falls, ID 83		(4.5)		
Check box(es) that Apply:   Promoter	□Beneficial Owner	□Executive Officer	■Director	□General and/or
check box(es) that Apply. Defomoter	Ebelleticiai Owner	DEXECUTIVE OTHER	■ Director	Managing Partner
Full Name (Last name first, if individual)				Managing Faither
-	1			
Russell, Robert L.			<del></del>	
Business or Residence Address (Number		ode)		
639 N. Riverpoint, Spokane, WA 992	302			
Check box(es) that Apply: □Promoter	☐Beneficial Owner	☐Executive Officer	■Director	□General and/or
				Managing Partner
Full Name (Last name first, if individual)	)			
Pogue, Jerry				
Business or Residence Address (Number	and Street, City, State, Zin Co.	ide)		
7612 Spring Bay Cove, Orlando FL 3	•	• ,		
		DEvenutive Officer	[]Director	□General and/or
Check box(es) that Apply: □Promoter	☐Beneficial Owner	□Executive Officer	□Director	
7. II Nove (Lost First (F. di ) 1	<del></del>			Managing Partner
Full Name (Last name first, if individual)	1			
Business or Residence Address (Number	and Street, City, State, Zip Co	de)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary) B. INFORMATION ABOUT OFFERING Yes Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? 1. Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? \$\_1,000 Yes No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 421 Sherman Avenue Coeur d'Alene, ID 83814 Name of Associated Broker or Dealer Pennaluna & Co. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ☐ All States [FL] [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [GA] [HI][ID] [IA] [IL] [KY] [LA] [NH] [KS] [ME] [MD] [MA] [MI][MN] [MS] MO1 [MT] [NE] [NV] [MM] [WI] [NY] [NC] (INDI) [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] TX[UT] [VT] [WY] [WA] [WV] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ☐ All States [CO] [AL] [AK] [AZ][AR] [CA] [CT] [DE] [DC] [FL] [GA] [IN] [A][HI][ID][IL] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [OR] [RI] [VA] [NY] [NC] [ND] [OH] [OK] [PA] [SC] [SD] [TN] [TX] [UT] [VT] [W] [WY] [WA] [WV] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ☐ All States [AL] [AK] [AZ][AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN][IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI][MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM]

[SC]

[SD]

[MT]

[TX]

[VT]

[UT]

[WI]

[VA]

[RI]

[NY]

[WA]

[NC]

[WV]

[ND]

[WY]

[OH]

[PR]

[OK]

[OR]

[PA]

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \( \Pi\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold \$ Ø ☐ Common ☐ Preferred Partnership Interests......S\_\_\_ Total: \$ 42,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Dollar Amount Number of Purchases Investors Accredited Investors 0 Non-Accredited Investors \_\_\_\_\_\_\_ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. N/A Type of Dollar Amount Type of offering Security Sold Regulation A Total ..... Furnish a statement of all expenses in connection with the issuance and distribution of the 4.a. securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of

an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	S_	100
Printing and Engraving Costs	S	0
Legal Fees	\$	500
Accounting Fees	S	0
Engineering Fees	\$	0
Sales Commissions (specify finders' fees separately)	\$	2,000
Other Expenses (Miscellaneous costs related to the offering)	S	Ø
Total	S	2,600

Enter the difference between the aggregate offering price given in response to Part C - Question 1 4.b.

٠.	and total expenses furnished in response to Part C - Question 4.1. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>3</u>	9,400
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C - Question 4.b. above.	and gross Pa Of Dir	yments to ficers, rectors & filiates	Paymo Others	ents to
	Salaries and fees	□\$_		\$	
	Purchase of real estate	🗆s_	Ø	S	0
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$_	Ø	\$	
	Construction or leasing of plant buildings and facilities	□\$	Ø	\$	Ø
	Acquisition of other businesses (including the value of securities involved in this offering	g			
	may be used in exchange for the assets or securities of another issuer pursuant to a merge	er)□\$_	<u>Ø</u>	\$	Ø
	Repayment of indebtedness	□s_	Ø	\$	Ø
	Working capital	<b>=</b> \$_	39,400	S	0_
	Other (specify):	<b>□</b> \$_	0_	\$	0
	Column Totals	<b>=</b> \$	39,400	S	0
	Total Payments Listed (column totals added)		<b>=</b> \$ <u>39</u>	,400	
-1	D. FEDERAL SIGNATURE		and Stone 24		
ignati	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss nation furnished to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
	(Print or Type)  Signature  Signature  Jun  Date  Jun	e ie 7, 200	2		
Vame	of Signer(Print or Type)  Title of Signer (Print or Type)				
Villia	am R. Green President				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)